

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>67814</i>	<i>1/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		<i>1.3.1000</i>
FORMALITY REVIEW	<i>A-M</i>	<i>5C 580</i>	<i>07-26-00</i>
RESPONSE FORMALITY REVIEW	<i>2A</i>	<i>5C 583</i>	<i>03/13/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available COPY

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If more than 150 claims or 10 actions  
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